

Bridge Crisis Clinic (BCC): Evaluating Program Objectives and Outcomes

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Objective: To Evaluate Program Fidelity to Our Mission

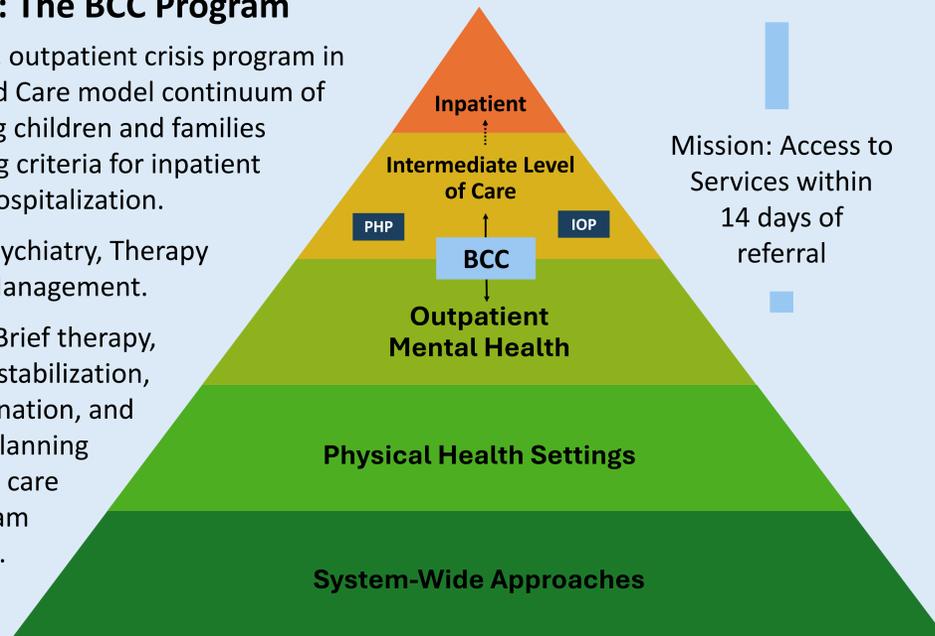
- 1) Serving children in crisis with timely access to care.
- 2) Utilizing measurement-based care to assess meaningful treatment outcomes.
- 3) Definitive aftercare planning for patients completing the BCC Program.

Methods

- June 2024 - March 2025: analyzed medical record data consisting of patient demographics, appointment information, and clinical measures (n=461).
- 100 charts were randomly selected for manual abstraction to assess aftercare planning.

Introduction: The BCC Program

- Short-term, outpatient crisis program in the Stepped Care model continuum of care serving children and families not meeting criteria for inpatient or partial hospitalization.
- Services: Psychiatry, Therapy and Case Management.
- Approach: Brief therapy, psychiatric stabilization, care coordination, and discharge planning for ongoing care after Program completion.



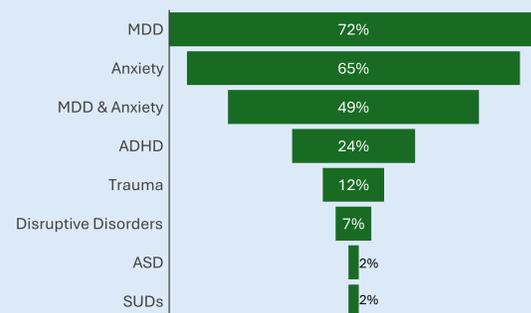
BCC Program Participants

- Patient ages: 6-18 years (mean=12.9 years)
- 60% girls
- 40% boys

Insurance Payor Mix

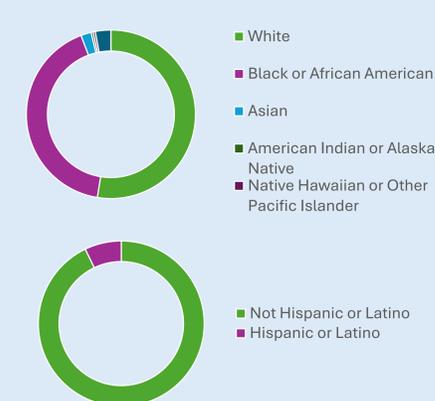
- 41% of BCC participants had Medicaid insurance.
- 34% Commercial, 18% Tricare and 7% Self-pay.

Clinical Diagnoses of BCC Patients



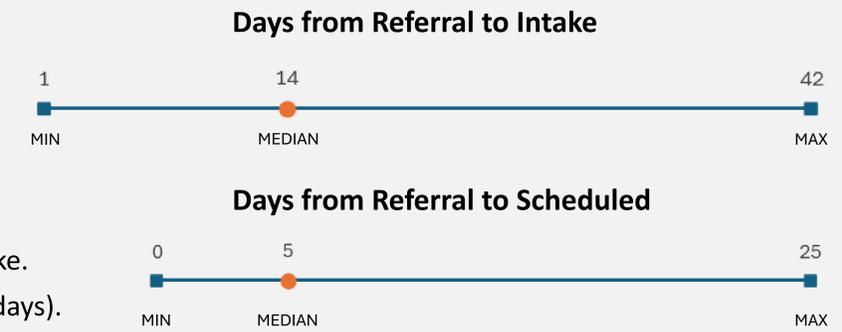
- 77% of BCC program participants had a co-occurring mental health diagnosis.

Race & Ethnicity



1) Access to Care: Is BCC Providing Fast Access to Care?

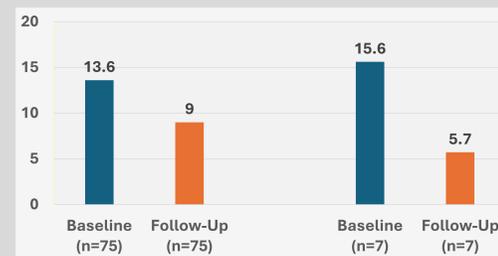
Conclusions:
Intake appointments within 14 days of referral.
Contact with families within 5 days of referral.



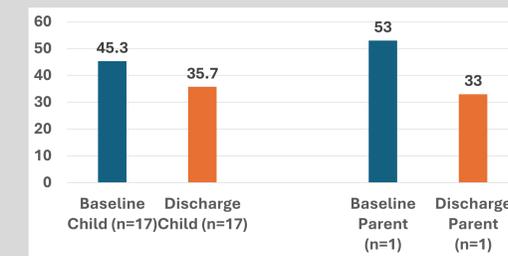
- From June 2024 to March 31, 2025: 533 accepted referrals.
- 461 of these patients (86.5%) successfully scheduled an Intake.
- On average, patients were in BCC for 44 days (Range: 0-153 days).

2) Metric-Based Care: Are Clinical Outcome Measures Being Utilized to Support Program Effectiveness?

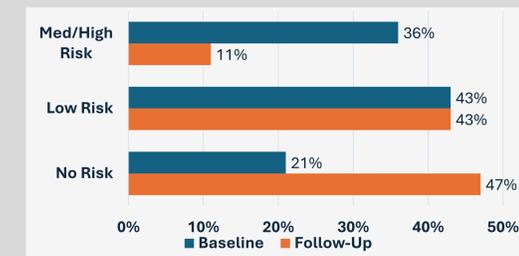
Depression Scores: Baseline to Follow-Up



SCARED Scores: Baseline to Follow-Up



ASQ Risk: Baseline to Follow-Up



- Among youths completing two screens (n=84), 62% scored below the clinical cut-off at follow-up (PHQA <9 or SMFQ <8).
- Youth screened for anxiety at baseline reported clinically significant anxiety (SCARED >25), at follow-up 24% of these scored below the clinical cut-off.

- 44% of youth completed at least one ASQ; 17% (n=47) completed two screens.
- Patients reported a decrease in suicidal symptoms while in the BCC Program.

Conclusions:
Consistent implementation of measurement-based care.
75% of youth who attended an appointment completed screening.
Significant reductions in depression, anxiety and suicidal symptoms.
Only 13% of youth required a higher level of care during BCC.

Acknowledgements

- This project would not have been possible without collaboration from CHKD, EVMS and VHS at ODU, CSG, the BCC clinical team, and our dedicated support staff.

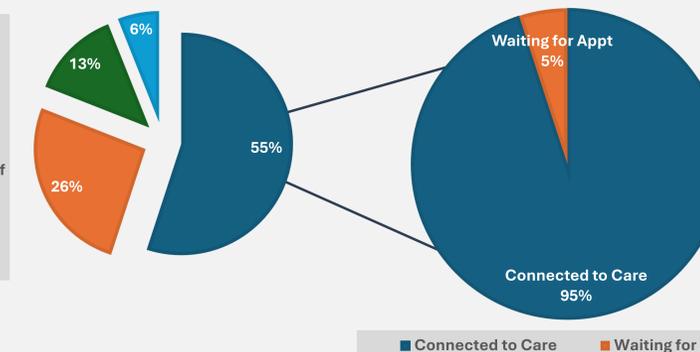
3) Aftercare Planning: Are Families Who Complete BCC Connected to Care?

Conclusion: 95% of youth who completed BCC had community appointments scheduled at the time of discharge.

Discharge Reasons



Program Completers



Connection to Care

